

SERFF Tracking Number:	UNFG-127039635	State:	Arkansas
Filing Company:	United Life Insurance Company	State Tracking Number:	48009
Company Tracking Number:	LIU-807 (4-11)		
TOI:	A05I Individual Annuities- Immediate Non-Variable	Sub-TOI:	A05I.000 Annuities - Immediate Non-variable
Product Name:	Annuity Liquidity Option		
Project Name/Number:	/		

Filing at a Glance

Company: United Life Insurance Company

Product Name: Annuity Liquidity Option

SERFF Tr Num: UNFG-127039635 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable

SERFF Status: Closed-Approved-Closed

State Tr Num: 48009

Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Co Tr Num: LIU-807 (4-11)

State Status: Approved-Closed

Filing Type: Form

Author: Joanne Young

Reviewer(s): Linda Bird

Date Submitted: 02/16/2011

Disposition Date: 02/23/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/23/2011

State Status Changed: 02/23/2011

Deemer Date:

Created By: Joanne Young

Submitted By: Joanne Young

Corresponding Filing Tracking Number:

Filing Description:

This is a new endorsement for our SPIA contract. The option will be available to all existing and new issue Annuity Income Options that include a guaranteed Period Certain. Our SPIA contract is form LIU-392 (3-05) and it was previously approved by your office.

This option will allow the contract holder to exercise a one-time withdrawal of 25%-75% of the Withdrawal Value during the Withdrawal Period. The Withdrawal Period begins on the first income payment date and ends on the last income payment date within the Period Certain. The Withdrawal Value is equal to the present value of the payments not yet made during the Withdrawal Period. There is no further Withdrawal Value after a withdrawal has been made or after the

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Withdrawal Period has ended. A withdrawal will reduce the amount of the income annuity payment for the remainder of the Period Certain.

Our products are individually marketed by our contracted agents.

Company and Contact

Filing Contact Information

Joanne Young, Analyst	jyoung@unitedfiregroup.com
118 2nd Ave SE	319-286-2620 [Phone]
PO Box 73909	319-286-2570 [FAX]
Cedar Rapids, IA 52407-3909	

Filing Company Information

United Life Insurance Company	CoCode: 69973	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Life
PO Box 73909	Group Name: United Fire Group	State ID Number:
Cedar Rapids, IA 52407-3909	FEIN Number: 42-6061188	
(319) 399-5700 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$50.00	02/16/2011	44783989

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/23/2011	02/23/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Endorsement to Allow Withdrawal of Lump Sum Benefit	Joanne Young	02/17/2011	02/17/2011

<i>SERFF Tracking Number:</i>	<i>UNFG-127039635</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 02/23/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Form (revised)	Endorsement to Allow Withdrawal of Lump Sum Benefit		Yes
Form	Endorsement to Allow Withdrawal of Lump Sum Benefit	Replaced	Yes

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Amendment Letter

Submitted Date: 02/17/2011

Comments:

I initially attached the wrong form. I have now attached the correct form to the Form Schedule.

Thank you for your consideration.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LIU-807 (4-11)	Policy/Contract	Endorsement Initial					52.000	LIU-807 (4-11) BK.pdf
		act/Fraternal t to Allow						
		Certificate: Withdrawal						
		Amendment, of Lump						
		Insert Sum Benefit						
		Page,						
		Endorsement						
		t or Rider						

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Form Schedule

Lead Form Number: LIU-807 (4-11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-807 (4-11)	Policy/Cont Endorsement to ract/Fratern Allow Withdrawal of al Lump Sum Benefit Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.000	LIU-807 (4-11) BK.pdf

United Life Insurance Company
118 2nd Avenue SE
Cedar Rapids IA 52401

Endorsement to Allow Withdrawal of Lump Sum Benefit

The Owner may take one Withdrawal Benefit during the Withdrawal Period. The Withdrawal Period begins on [10/15/2011] and ends on [10/15/2021]. No withdrawals are allowed after the withdrawal has been made or after the Withdrawal Period ends. The Withdrawal Benefit equals between 25% and 75% of the Withdrawal Value.

The Withdrawal Value is equal to the present value of the payments not yet made during the Withdrawal Period. An interest rate is used to calculate the Present Value. We will use an interest rate equal to the Moody's Seasoned Corporate Bond Index for Aaa Bonds, plus 0.50%. We will use the index as of the close of the last business day before the day the Withdrawal Value is determined .

The owner chooses the percentage of the Withdrawal Value to take. This is called the Elected Percentage. The minimum withdrawal is \$2,500.

If We receive the request for the Withdrawal Benefit within five (5) days before a payment is to be made, We will consider that payment as having been made. We will calculate the Withdrawal Value accordingly.

Sometimes multiple payees receive a part of the total payment. If this is the case, part of the Withdrawal Benefit will be paid to each payee. Each will receive the same percentage of the Withdrawal Benefit as they do the total payment. Each of the individual payments will be reduced as noted below.

Taking the Withdrawal Benefit will reduce the amount of the payment for the balance of the Withdrawal Period. The new payment amount equals the payment amount prior to electing the Withdrawal Option times (1 - the Elected Percentage).

If any, annuity benefits payable after the Withdrawal Period ends will return to the amount that was payable as if no withdrawal had been made.

[]
Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AR Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:		
The application is LIU-118 (4-10). It was approved by your office on 2/24/2011.		

CERTIFICATE OF COMPLIANCE

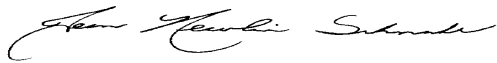
UNITED LIFE INSURANCE COMPANY

Form number: LIU-807 (4-11) Endorsement to Allow Withdrawal of Lump Sum Benefit

Flesch Readability Score: 52.0

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



Jean Newlin Schnake, Secretary
United Life Insurance Company

2/16/2011

Date

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/16/2011	Form	Endorsement to Allow Withdrawal of Lump Sum Benefit	02/17/2011	LIU-407 (4-11)BK.pdf (Superceded)

UNITED LIFE INSURANCE COMPANY
Cedar Rapids, Iowa

**RIDER TO WAIVE APPLICABLE SURRENDER CHARGES
IF CONFINED TO AN ELIGIBLE NURSING HOME**

1) DEFINITIONS

Eligible Nursing Home - An institution or special nursing unit of a hospital which meets at least one of the following requirements:

- a) it is Medicare approved as a provider of Skilled Nursing Care Services; or
- b) it is licensed as a Skilled Nursing Home or as an Intermediate Care Facility by the State in which it is located; or
- c) it meets all the requirements listed below:
 - i) it is licensed as a Nursing Home by the State in which it is located; and
 - ii) its main function is to provide Skilled, Intermediate or Custodial Nursing Care; and
 - iii) it is engaged in providing continuous room and board accommodations to three (3) or more non-related persons; and
 - iv) it is under the supervision of a registered nurse (RN) or licensed practical nurse (LPN); and
 - v) it maintains a daily medical record of each patient; and
 - vi) it maintains control of and records of all medications dispensed.

Eligible Nursing Home does NOT mean any of the following:

- a) an institution that primarily treats drug addicts or alcoholics; or
- b) a home for the aged or mentally ill; or
- c) a community living center; or
- d) an institution that primarily provides residency or retirement care.

Maximum Waiver Limit - The total amount of annuity fund value on which we will waive surrender charges. It is a combined total amount for all deferred annuity policies with Us on the life of the Annuitant that include a similar waiver benefit. This combined total amount shall not exceed \$50,000 in any given twelve month period, nor shall it exceed a total amount during the lifetime of the Annuitant of \$200,000.

If another policy has a higher Maximum Waiver Limit, that Limit shall apply to that policy. Similarly, If another policy has no Maximum Waiver Limit, no Limit shall apply to that policy. However, any amounts so waived under either of those circumstances will apply to the combine total amount pertaining to this Policy.

2) WAIVER OF APPLICABLE SURRENDER CHARGES

After this rider has been in force for **24 months** and subject to the Maximum Waiver Limit, we will waive any surrender charges otherwise applicable under the Policy while the Annuitant is confined to an Eligible Nursing Home, provided:

- a) the confinement is due to a physical disability that prohibits daily living in a noninstitutional environment; and
- b) the Annuitant is expected to be confined in an Eligible Nursing Home for the rest of his or her life.

3) EXCLUSIONS


The waiver will not be allowed if the Annuitant is confined to an Eligible Nursing Home on the effective date of this rider.

4) PROOF OF QUALIFYING CONFINEMENT

You must provide proof of a qualifying confinement in the form of a physician's statement (from someone other than a family member) and such other proof as we from time to time may require.

5) GENERAL

All provisions of the Policy to which it is attached also apply to this rider. This rider is effective on the same day as the Policy.


[SECRETARY]